

UNITED STATES BANKRUPTCY COURT _____ EASTERN DISTRICT OF _____ PA		PROOF OF CLAIM
Name of Debtor: THOMAS J HIGGINS	Case Number 0913885	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Pennsylvania Department of Revenue	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: Bankruptcy Division PO Box 280946 Harrisburg, PA 17128-0946	Court Claim Number: _____ (If known)	
Telephone number: (717) 783-8989	Filed on: _____	
Name and address where payment should be sent (if different from above): Telephone number:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed: \$ 12,848.12	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5.	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	Specify the priority of the claim.	
2. Basis for Claim: Taxes (See instruction #2 on reverse side.)	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or(a)(1)(B)	
3. Last four digits of any number by which creditor identifies debtor: 9131 7610	<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).	
Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).	
Value of Property: \$ Unknown Annual Interest Rate: % 8	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).	
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ 1,660.20 Basis for perfection: Lien		
Amount of Secured Claim: \$ 1,660.20 Amount Unsecured: \$ 1,844.46		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
Date: 7/24/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. /s/ Linda Simmons, Chief	
		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



July 24, 2009

Pennsylvania (Phl) U.S. Bankruptcy Court
Philadelphia Division
Robert N.C. Nix Sr. Federal Building
Clerks Office, 4th Floor
900 Market St.
Philadelphia, PA 19107

Case No: 09-13885 EP
THOMAS J HIGGINS

Dear Clerk of Courts:

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance. This represents a claim in the sum of:

\$12,848.12

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below. Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope.

Sincerely,

Pennsylvania Department of Revenue
Bureau of Compliance
(717) 783-1338
TDD# (717) 772-2252 (Hearing Impaired Only)
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

Exhibit "A"

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG PA 17128-0946



Jennifer Crumling

Exhibit Page 3 of 4
**SUPPORTING DOCUMENTATION FOR
TAXES DUE THE
COMMONWEALTH OF
PENNSYLVANIA
DEPARTMENT OF REVENUE**



Original Claim
Amended Claim

This claim supercedes all
Previous claims filed.

Date Amended:

THOMAS J HIGGINS
THOMAS J HIGGINS

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA**

Petition Filing Date: 05/26/2009
Case Number: 0913885 EP
Chapter: 13

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth. At this present time of the filing of this proof of claim, the Debtor was indebted to the Commonwealth in the

SUM OF **\$12,848.12** for the following:

- State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P.S. 7210
- Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Corporate Net Income Tax
- Capital Stock-Franchise Tax
- Corporate Loans Tax
- Other

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability.

Total secured claim: **\$1,660.20**

Pursuant to Section 506(b) of the Bankruptcy Code, post petition Interest may be payable.

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability.

Total administrative **\$1,660.20**

**UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority
Liabilities existing before petition date.**

See attached statement of account detailing the liability.

Total unsecured priority: **\$9,343.46**

**UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the
petition filing date.**

See attached statement of account detailing the liability.

Total unsecured non-priority claim: **\$1,844.46**

All payments of this claim have been credited and deducted for the purpose of making this proof of claim.

/s/

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG PA 17128-0946

Jennifer Crumling



BANKRUPTCY STATEMENT OF ACCOUNT

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Pet Date: 5/26/2009
Cause Number: 0913885 EP
Chapter: 13

THOMAS J HIGGINS
4027 N WARNER RD
LAFAYETTE HILL PA 19444

Primary Tax NumbersEmp Identification Number: 233099131

Sales Tax License Number:

Social Security Number: xxx-xx-7610

Corp Tax Number:

Other Number:

043715153

Additional Debtors and/or Names **SSN** **EIN**

Note: The 2007 & 2008 personal income tax liability was extrapolated from the Statement of Financial Affairs of the debtor's bankruptcy petition, as the tax returns were not filed for these years. When the returns are filed, the claim will be amended.

TYPE OF CLAIM		SECURED	Tax Number:		xxx-xx-7610		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
AN	<input type="checkbox"/>	2004	\$432.37	\$474.41	\$31.00	\$722.42	\$1,660.20
Lien Filing Date:	6/3/08	County Lien Filed:	MONTGOMERY		Lien Docket Number:	08-14919	
		TOTAL	\$432.37	\$474.41	\$31.00	\$722.42	\$1,660.20

TYPE OF CLAIM		UNSECURED NON-PRIORITY	Tax Number:		xxx-xx-7610		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
AN	<input type="checkbox"/>	2005 (BAD CHECK)	\$0.00	\$0.00	\$0.00	\$236.40	\$236.40
AN	<input checked="" type="checkbox"/>	2007	\$0.00	\$0.00	\$0.00	\$1,181.95	\$1,181.95
AN	<input checked="" type="checkbox"/>	2008	\$0.00	\$0.00	\$0.00	\$426.11	\$426.11
Lien Filing Date:		County Lien Filed:			Lien Docket Number:		
		TOTAL	\$0.00	\$0.00	\$0.00	\$1,844.46	\$1,844.46

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number:		xxx-xx-7610		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
AN	<input checked="" type="checkbox"/>	2007	\$4,727.80	\$330.57	\$0.00	\$0.00	\$5,058.37
AN	<input checked="" type="checkbox"/>	2008	\$4,261.16	\$23.93	\$0.00	\$0.00	\$4,285.09
Lien Filing Date:		County Lien Filed:			Lien Docket Number:		
		TOTAL	\$8,988.96	\$354.50	\$0.00	\$0.00	\$9,343.46

LEGEND:

ST = Sales, Use and Hotel Occupancy Tax

LF = Liquid Fuels

ALL LIENS FILED IN THE
PROTHONOTARY OFFICE IN
THE COUNTY
INDICATED.

CT = Corporation Tax

OF = Oil Franchise

EMP = Employer Withholding

PTA = Public Transportation Assistance Act

AN = Individual Income Tax

Personal Income Tax Estimates: Taxable income figures on which tax deficiency is based could

MT = Mass Transit

be from information obtained from transcripts of filed IRS form 1040. Information can be mailed to debtor or debtor's counsel upon written request, without the need for filing a formal objection.

MC = Motor Carrier

An amended proof of claim may be filed upon the filing of a properly completed and signed PA-40 tax return.

ALL LIENS FILED IN THE
COMMONWEALTH OF
PENNSYLVANIA UNLESS
INDICATED OTHERWISE.